



the recovery center

Turning Points

the recovery center
1856 Cedar Hill Road
Lancaster, Ohio 43130
(740) 687-4500

Our Mission

To ensure the effective and efficient delivery of alcohol, drug addiction and mental health prevention, intervention and treatment services to promote the health and safety of the residents of Fairfield County.

Our Vision

To create a learning organization for behavioral healthcare services which promotes understanding, supports growth and fosters healing for clients, staff and community.

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Women and Drug Abuse National Institute of Health (NIDA)

Today, more than 4 million women in the United States use drugs. Women of all ages, races and cultures..... Women just like your best friend, your sister, your co-worker, or your daughter . . .

Almost half of all women age 15-44 have used drugs at least once in their life. Of these women, nearly 2 million have used cocaine and more than 6 million have used marijuana within the past year. Most women drug abusers use more than one drug.

Women who use drugs often suffer from other health problems, sexually transmitted diseases, and mental health problems, such as depression.

Many women who use drugs have had troubled lives. Studies have found that at least 70 percent of women drug users have been sexually abused by the age of 16. Most of these women had at least one parent who abused alcohol or drugs.

Often, women who use

drugs have low self-esteem, little self-confidence, and feel powerless. They often feel lonely and are isolated from support networks.

Women who use drugs risk becoming HIV infected.. Today, almost 70 percent of AIDS cases in women are related to either injecting drugs or having sex with a man who injects drugs.

When a pregnant woman uses drugs, she and her unborn child face health problems. The most serious effects on the baby can be HIV infection, AIDS, prematurity, low birth weight, Sudden Infant Death Syndrome, small head size, stunted growth, poor motor skills, and behavior problems. Continuing drug use puts her children at risk for neglect, physical abuse, and malnutrition.

There are many important reasons why women do not seek help. Some women may not be able to find child care. Or they fear that the authorities may take away their chil-

dren. Some women fear they will be punished if they admit their drug addiction. Many women fear violence from their husbands, boyfriends, or partners.

Friends and family can help relieve these fears for the woman who uses drugs. Help obtaining treatment, transportation, childcare, family education, and aftercare support are invaluable to a woman in need of treatment.

With good treatment and community support, women can recover from the illness of drug abuse and begin to build a better life.

Source "Women and Drug Abuse." NIH Publication No 94-3732. Department of Health & Human Services; ; National Institutes of Health, National Institute of Drug Abuse; www.nida.nih.gov/womendrugs/Women-DrugAbuse.html.



Addiction and Mental Health Parity [Join Together.org](http://JoinTogether.org)

For many, 2008 was a tumultuous year. The field of substance abuse prevention, intervention, treatment and aftercare was no different. State budget cuts, local drug-use trends, research, and legislation are but a few of the topics that shaped our world. One such development was the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

The parity bill does not require health-insurance plans to cover addiction or mental health, but in-

surers will now be barred from imposing any caps or limits on behavioral healthcare service that are not applied to other health conditions. Most insurance plans do include behavioral-healthcare coverage, and advocates say that past experience shows that passage of state-level parity laws has not led to insurers dropping such coverage.

The legislation is the historic culmination of a battle for equal coverage of addiction and mental illness that stretches back more than a decade, and

helped to spark the growth of the recovery-advocacy movement.

"This legislation is one more step in the long civil-rights struggle to ensure that all Americans have the opportunity to reach their potential," said Rep. Patrick Kennedy (D-R.I.), who co-sponsored the House bill with Rep. Jim Ramstad (R-Minn.). "For far too long, health insurance companies have used the stigma of mental illness and substance abuse as an excuse to deny coverage for those biological disorders. That (ended) when

this critical legislation outlaw(ed) the discrimination that is embedded in our laws and our policies."

(Source: *Congress, Bush Approve Addiction and Mental Health Parity Legislation*; written by Bob Curley; www.jointogether.org e-newsletter, October 3, 2008)



Women and Drug Abuse

- ▶ 15.2 million (12%) women have used illegal drugs in the past year.¹
- ▶ Among those aged 18 to 49 who were employed full time, the rate of substance dependence or abuse was 15% for males and 8% for females. Among the unemployed, the rate was 23% for males and 12.5% for females.¹
- ▶ More than 28,000 (70%) of the AIDS cases among women are drug-related.²
- ▶ Recent NIDA-funded studies have found that women in drug abuse treatment relapse less frequently than men, at least partly because women are more likely to engage in group counseling.³
- ▶ Women are more likely than men to become addicted to or dependent on sedatives and drugs designed to treat anxiety or sleeplessness, and less likely than men to abuse alcohol and marijuana.³
- ▶ Women in treatment programs are less likely than men to have graduated from high school and to be employed and are more likely than men to have other health problems, to have sought previous drug treatment, to have attempted suicide, and to have suffered sexual abuse or other physical abuse.³

¹ "The NSDUH Report: Gender Differences in Substance Dependence and Abuse." U.S. Department Health & Human Services. June 22, 2006. SAMHSA Office of Applied Studies. 30 Jan 2009 www.oas.samhsa.gov/2k4/genderDependence/genderDependence.cfm.

Not a Single Drop FASD Campaign ODADAS

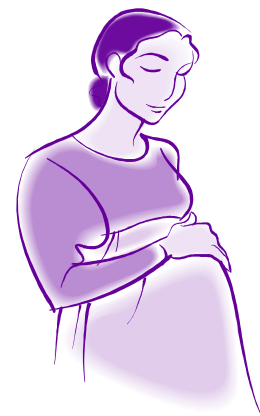
Just the Facts

- ▶ Prenatal exposure to alcohol is the leading cause of **preventable** birth defects in the country.
- ▶ Each year, as many as 40,000 babies are born with an FASD (Fetal Alcohol Spectrum Disorder), costing the nation about \$4 billion. (Source: FASD Center for Excellence)
- ▶ FASD is an irreversible, lifelong condition that affects every aspect of a child's life and the lives of the child's family – there is no cure for FASD.
- ▶ According to the Centers for Disease Control and Prevention and the US Surgeon General, there is no known safe amount or safe time to drink alcohol during pregnancy.
- ▶ The estimated cost of FASD to Ohio taxpayers for providing special services for education, juvenile justice, medical and mental health services, foster care and unemployment is nearly \$300 million every year. (Source: Ohio Department of Health)
- ▶ Raising a child with FASD is 100 times more expensive than preventing FASD in a child.
- ▶ Due to a combination of factors, most go undiagnosed. In fact, of the estimated 114,000 Ohioans living with FASD, only 300 have been clinically diagnosed. (Source: Ohio Department of Health)
- ▶ Early diagnosis and treatment for FASD can help children reach their fullest potential, lessen secondary disabilities and problems, and help families better understand and cope.
- ▶ FASD is 100 percent preventable.

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). Each year, as many as 40,000 babies are born with an FASD, costing the Nation about \$4 billion.

The Five goals of Ohio's FASD Steering Committee are:

- ▶ Increase the availability of services for those already affected by FASD.
- ▶ Increase awareness regarding the risks associated with alcohol use during pregnancy;
- ▶ Provide FASD-specific education and training for agencies, organizations and professionals who provide services to children and families with or at risk of FASD;
- ▶ Adopt appropriate FASD screening tools and protocols and increase access to screening; and
- ▶ Create and implement a data tracking system to track FASD risk factors, prevalence, and incidence in Ohio, and measure progress toward reaching the other four goals.



For more information on Ohio's FASD initiative visit www.notasingledrop.org or call 1-800-788-7254 (opt#2)